

Fill in this information to identify your case:

Debtor 1	<b>Derrick Riches</b>	First Name	Middle Name	Last Name
Debtor 2	<b>Kalani Riches</b>	First Name	Middle Name	Last Name
(Spouse if, filing)				
United States Bankruptcy Court for the:		WESTERN DISTRICT OF MICHIGAN		
Case number (if known)	<b>16-00740</b>			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <b>220,000.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>220,000.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>58,032.21</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>278,032.21</b>

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <b>219,770.00</b>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>219,770.00</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <b>0.00</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>0.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>47,808.22</b>
		<b>Your total liabilities</b> \$ <b>267,578.22</b>

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <b>4,494.39</b>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>4,494.39</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <b>3,743.93</b>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>3,743.93</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?**

**Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Derrick Ritches**  
 Debtor 2 **Kalani Ritches**

Case number (if known) **16-00740**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<b>6,865.68</b>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>0.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>5,264.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <b>5,264.00</b>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Derrick Riches</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Kalani Riches</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>WESTERN DISTRICT OF MICHIGAN</b>			
Case number	<b>16-00740</b>		

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

#### 2929 Woods Road

Street address, if available, or other description

**Ionia**      MI      **48846-0000**

City                  State                  ZIP Code

#### What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

**\$220,000.00**

Current value of the portion you own?

**\$220,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

**Fee Owner**

Check if this is community property  
(see instructions)

#### Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**Parcel No. 150-016-000-050-12**

**2015 SEV Doubled \$244,400.00**

**Value is based on Debtors' belief and information from discussions with Realtors.**

##### 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$220,000.00**

#### Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debtor 1 **Derrick RICHES**  
 Debtor 2 **Kalani RICHES**

Case number (if known) **16-00740****3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- No  
 Yes

3.1 Make: **Dodge**  
 Model: **Ram**  
 Year: **2008**  
 Approximate mileage: **130,000**  
 Other information:

**Value based on NADA**

**Who has an interest in the property? Check one**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$10,300.00** **\$10,300.00**

3.2 Make: **Toyota**  
 Model: **Prius**  
 Year: **2014**  
 Approximate mileage:  
 Other information:

**Value based on Kelley Blue Book**

**Who has an interest in the property? Check one**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$17,138.00** **\$17,138.00**

3.3 Make: **Pontiac**  
 Model: **Montana**  
 Year: **2004**  
 Approximate mileage:  
 Other information:

**Value based on debtors opinion.**  
**Vehicle does not run**

**Who has an interest in the property? Check one**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$500.00** **\$500.00**

3.4 Make: **Belarus**  
 Model:  
 Year: **1997**  
 Approximate mileage:  
 Other information:

**Tractor**  
**Value based on debtor's opinion**

**Who has an interest in the property? Check one**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$2,000.00** **\$2,000.00**

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**  
*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

- No  
 Yes

4.1 Make: **Basstracker**  
 Model:  
 Year: **1987**  
 Other information:

**Value based on Debtor's opinion**

**Who has an interest in the property? Check one**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$400.00** **\$400.00**

Debtor 1 **Derrick RICHES**  
 Debtor 2 **Kalani RICHES**

Case number (if known) **16-00740**

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$30,338.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe.....**Household Goods and Furnishings**

\$6,000.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.....**Electronics**

\$500.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....**Bow**

\$100.00

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....**3 Hunting Rifles, 2 Pistols**

\$500.00

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....**Everyday Clothes**

\$1,000.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

Debtor 1 **Derrick Riches**  
Debtor 2 **Kalani Riches**Case number (if known) **16-00740****Wedding band \$1500-  
Costume Jewelry \$200-****\$1,700.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses

- No  
 Yes. Describe.....

**2 dogs, 8 chickens****\$5.00****14. Any other personal and household items you did not already list, including any health aids you did not list**

- No  
 Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....****\$9,805.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?  
Do not deduct secured claims or exemptions.****16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- No  
 Yes.....

**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- No  
 Yes..... Institution name:

**17.1. Checking Account      Independent Bank****\$100.00****17.2. Savings Account      Independent Bank****\$0.00****18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- No  
 Yes..... Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- No  
 Yes. Give specific information about them..... Name of entity: % of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- No  
 Yes. Give specific information about them Issuer name:

Debtor 1 **Derrick RICHES**  
 Debtor 2 **Kalani RICHES**

Case number (if known) **16-00740****21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account: Institution name:

<b>Government Pension</b>	<b>State of Michigan</b>	<b>\$1.00</b>
<b>IRA</b>	<b>Fidelity Investments</b>	<b>\$5,430.94</b>
<b>403B</b>	<b>Voya Financial</b>	<b>\$12,357.27</b>

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes. ....

Institution name or individual:

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No

Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Debtor 1 **Derrick RICHES**  
 Debtor 2 **Kalani RICHES**

Case number (if known) **16-00740**

Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe each claim.....

**35. Any financial assets you did not already list**

No

Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$17,889.21**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.

Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
 If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.

Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No

Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known) **16-00740**

**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 .....		\$220,000.00
56. Part 2: Total vehicles, line 5 .....	\$30,338.00	
57. Part 3: Total personal and household items, line 15 .....	\$9,805.00	
58. Part 4: Total financial assets, line 36 .....	\$17,889.21	
59. Part 5: Total business-related property, line 45 .....	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52 .....	\$0.00	
61. Part 7: Total other property not listed, line 54 .....	\$0.00	
62. Total personal property. Add lines 56 through 61... .....	\$58,032.21	Copy personal property total \$58,032.21
63. Total of all property on Schedule A/B. Add line 55 + line 62 .....		\$278,032.21

Fill in this information to identify your case:

Debtor 1	<b>Derrick Riches</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		WESTERN DISTRICT OF MICHIGAN	
Case number (if known)	16-00740		

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	

#### Debtor 1 Exemptions

2929 Woods Road Ionia, MI 48846

\$220,000.00



\$21,964.00

11 U.S.C. § 522(d)(1)

Ionia County

Parcel No. 150-016-000-050-12

2015 SEV Doubled \$244,400.00

Value is based on Debtors' belief and information from discussions with Realtors.

Line from *Schedule A/B: 1.1*



100% of fair market value, up to any applicable statutory limit

2008 Dodge Ram 130,000 miles  
Value based on NADA

\$10,300.00



\$3,675.00

11 U.S.C. § 522(d)(2)

Line from *Schedule A/B: 3.1*



100% of fair market value, up to any applicable statutory limit

2008 Dodge Ram 130,000 miles  
Value based on NADA

\$10,300.00



\$1,836.00

11 U.S.C. § 522(d)(5)

Line from *Schedule A/B: 3.1*



100% of fair market value, up to any applicable statutory limit

Household Goods and Furnishings

\$6,000.00



\$3,000.00

11 U.S.C. § 522(d)(3)

Line from *Schedule A/B: 6.1*



100% of fair market value, up to any applicable statutory limit

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
<b>Electronics</b> Line from Schedule A/B: <b>7.1</b>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <b>\$250.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(3)</b>
<b>Everyday Clothes</b> Line from Schedule A/B: <b>11.1</b>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <b>\$500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(3)</b>
<b>Government Pension: State of Michigan</b> Line from Schedule A/B: <b>21.1</b>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <b>\$1.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(12)</b>
<b>IRA: Fidelity Investments</b> Line from Schedule A/B: <b>21.2</b>	<u>\$5,430.94</u>	<input checked="" type="checkbox"/> <b>\$5,430.94</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(12)</b>

**3. Are you claiming a homestead exemption of more than \$155,675?**

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- No
- Yes

**Fill in this information to identify your case:**

Debtor 1	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	<b>Kalani Riches</b>	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		WESTERN DISTRICT OF MICHIGAN		
Case number (if known)	<b>16-00740</b>			

Check if this is an amended filing

**Official Form 106C****Schedule C: The Property You Claim as Exempt**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt****1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

**2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	

**Debtor 2 Exemptions**

<b>2004 Pontiac Montana</b> Value based on debtors opinion. Vehicle does not run Line from <i>Schedule A/B</i> : 3.3	\$500.00	<input checked="" type="checkbox"/> \$250.00	11 U.S.C. § 522(d)(2)
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
<b>1997 Belarus Tractor</b> Value based on debtor's opinion Line from <i>Schedule A/B</i> : 3.4	\$2,000.00	<input checked="" type="checkbox"/> \$1,000.00	11 U.S.C. § 522(d)(5)
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
<b>Household Goods and Furnishings</b> Line from <i>Schedule A/B</i> : 6.1	\$6,000.00	<input checked="" type="checkbox"/> \$3,000.00	11 U.S.C. § 522(d)(3)
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
<b>Electronics</b> Line from <i>Schedule A/B</i> : 7.1	\$500.00	<input checked="" type="checkbox"/> \$250.00	11 U.S.C. § 522(d)(3)
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
<b>3 Hunting Rifles, 2 Pistols</b> Line from <i>Schedule A/B</i> : 10.1	\$500.00	<input checked="" type="checkbox"/> \$250.00	11 U.S.C. § 522(d)(5)
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
<b>Everyday Clothes</b> Line from Schedule A/B: 11.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Wedding band \$1500- Costume Jewelry \$200-</b> Line from Schedule A/B: 12.1	<u>\$1,700.00</u>	<input checked="" type="checkbox"/> \$1,550.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
<b>Wedding band \$1500- Costume Jewelry \$200-</b> Line from Schedule A/B: 12.1	<u>\$1,700.00</u>	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
<b>2 dogs, 8 chickens</b> Line from Schedule A/B: 13.1	<u>\$5.00</u>	<input checked="" type="checkbox"/> \$2.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
<b>Checking Account: Independent Bank</b> Line from Schedule A/B: 17.1	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
<b>403B: Voya Financial</b> Line from Schedule A/B: 21.3	<u>\$12,357.27</u>	<input checked="" type="checkbox"/> \$12,357.27 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)

## 3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- No
- Yes

Fill in this information to identify your case:

Debtor 1	<b>Derrick Riches</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Kalani Riches</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN		
Case number (if known)	16-00740		

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
\$2,414.00	\$220,000.00	\$0.00

#### 2.1 Atlantic Credit & Finance

Creditor's Name

Describe the property that secures the claim:  
**2929 Woods Road Ionia, MI 48846**  
**Ionia County**  
**Parcel No. 150-016-000-050-12**  
**2015 SEV Doubled \$244,400.00**  
**Value is based on Debtors' belief**  
**and information from discussions**  
**with Realtors.**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

P O Box 13386  
**Roanoke, VA 24033**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred **2015-**

Last 4 digits of account number **1781**

#### 2.2 Greenstone Farm Credit

Creditor's Name

Describe the property that secures the claim:  
**2929 Woods Road Ionia, MI 48846**  
**Ionia County**  
**Parcel No. 150-016-000-050-12**  
**2015 SEV Doubled \$244,400.00**  
**Value is based on Debtors' belief**  
**and information from discussions**  
**with Realtors.**

\$195,622.00

\$220,000.00

\$0.00

**3515 West Rd**  
**East Lansing, MI 48823**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- As of the date you file, the claim is: Check all that apply.
- Contingent
  - Unliquidated
  - Disputed

Nature of lien. Check all that apply.

Debtor 1 **Derrick Riches**

Case number (if known)

**16-00740**

First Name Middle Name Last Name

Debtor 2 **Kalani Riches**

First Name Middle Name Last Name

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim relates to a community debt**

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) **Mortgage**

**Opened**  
7/01/10  
**Last Active**  
1/28/16

Date debt was incurred Last 4 digits of account number **6900**

2.3 **Toyota Financial Services**

Creditor's Name

**19001 South Western Ave Dept. WC11 Torrance, CA 90501**

Number, Street, City, State &amp; Zip Code

Describe the property that secures the claim:

**\$21,734.00****\$17,138.00****\$4,596.00**

**2014 Toyota Prius Value based on Kelley Blue Book**

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset)

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim relates to a community debt**

**Opened**  
3/01/14  
**Last Active**  
12/04/15

Date debt was incurred Last 4 digits of account number **0001**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$219,770.00**

If this is the last page of your form, add the dollar value totals from all pages.

**\$219,770.00**

Write that number here:

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name, Number, Street, City, State & Zip Code  
**64A District Court**  
**Case Number: 15-1068 GC**  
**101 W Main St.**  
**Ionia, MI 48846**

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number \_\_\_\_\_

Name, Number, Street, City, State & Zip Code  
**Timothy E. Baxter & Associates**  
**PO BOX 2669**  
**Farmington, MI 48333**

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Derrick Riches</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Kalani Riches</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN		
Case number (if known)	16-00740		

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	<b>Account Receivable Solutions</b> Nonpriority Creditor's Name <b>PO Box 184 Saint Johns, MI 48879-0184</b> Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number _____	<b>\$1,334.40</b>
		When was the debt incurred? _____	<b>2015-</b>
		As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<b>Collection Attorney Sparrow Medical Group, Sparrow Carson Hospital &amp; Michigan Education Association</b>	

Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known)

**16-00740**

<b>4.2</b> <b>Advanced Radiology</b> Nonpriority Creditor's Name <b>3264 North Evergreen Drive</b> <b>Grand Rapids, MI 49525</b> Number Street City State Zip Code	Last 4 digits of account number <b>5000</b>  When was the debt incurred? <b>2015-</b>  <b>As of the date you file, the claim is:</b> Check all that apply	<b>\$100.70</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Bills</b></p>		

  

<b>4.3</b> <b>Allied Interstate LLC</b> Nonpriority Creditor's Name <b>2290 Agate Court, Unit A1</b> <b>Simi Valley, CA 93065</b> Number Street City State Zip Code	Last 4 digits of account number <b>2978</b>  When was the debt incurred? <b>2015-</b>  <b>As of the date you file, the claim is:</b> Check all that apply	<b>\$137.37</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney for Republic Services</b></p>		

  

<b>4.4</b> <b>Capital One</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <b>9772</b>  When was the debt incurred? <b>Opened 6/01/05 Last Active 7/12/14</b>  <b>As of the date you file, the claim is:</b> Check all that apply	<b>\$3,259.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card Lawsuit Case No. 16-0014 GC</b></p>		

Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known)

**16-00740**

<b>4.5</b>	<p><b>Carson Health</b>            Nonpriority Creditor's Name  <b>Po Box 475</b>  <b>Saint Johns, MI 48879</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>5172</b></p> <p>When was the debt incurred? <b>2015-</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent      <input type="checkbox"/> Unliquidated      <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>	<b>\$30.00</b>
<b>4.6</b>	<p><b>CBCS</b>            Nonpriority Creditor's Name  <b>PO Box 2334</b>  <b>Columbus, OH 43216</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? <b>2014-</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent      <input type="checkbox"/> Unliquidated      <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Spectrum Health United</b></p>	<b>\$45.00</b>
<b>4.7</b>	<p><b>CBCS</b>            Nonpriority Creditor's Name  <b>PO Box 2334</b>  <b>Columbus, OH 43216</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>1387</b></p> <p>When was the debt incurred? <b>2015-</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent      <input type="checkbox"/> Unliquidated      <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney for Spectrum Health United</b></p>	<b>\$2,618.87</b>

Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known)

**16-00740**

<b>4.8</b>	<b>Comenity Bank/gndrmtmc</b> <small>Nonpriority Creditor's Name</small>	<small>Last 4 digits of account number</small> <b>3851</b>	<b>\$1,253.00</b>
<b>Po Box 182125</b> <b>Columbus, OH 43218</b> <small>Number Street City State Zip Code</small>		<small>When was the debt incurred?</small> <b>Opened 1/01/15 Last Active 10/10/15</b>	
<small>As of the date you file, the claim is:</small> Check all that apply			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <small>Type of NONPRIORITY unsecured claim:</small> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>			
<small>Is the claim subject to offset?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

<b>4.9</b>	<b>Comenity Bank/Lane Bryant</b> <small>Nonpriority Creditor's Name</small>	<small>Last 4 digits of account number</small> <b>7101</b>	<b>Notice Only</b>
<b>Po Box 182125</b> <b>Columbus, OH 43218</b> <small>Number Street City State Zip Code</small>		<small>When was the debt incurred?</small> <b>Opened 6/01/09 Last Active 9/28/09</b>	
<small>As of the date you file, the claim is:</small> Check all that apply			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <small>Type of NONPRIORITY unsecured claim:</small> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>			
<small>Is the claim subject to offset?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

<b>4.1</b> <b>0</b>	<b>Greenville Family Foot Care</b> <small>Nonpriority Creditor's Name</small> <b>Frank P. Weber</b> <b>917 N. Lafayette</b> <b>Greenville, MI 48838</b> <small>Number Street City State Zip Code</small>	<small>Last 4 digits of account number</small> <b>3550</b>	<b>\$45.00</b>
<small>When was the debt incurred?</small> <b>2015-</b>			
<small>As of the date you file, the claim is:</small> Check all that apply			
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <small>Type of NONPRIORITY unsecured claim:</small> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>			
<small>Is the claim subject to offset?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known)

**16-00740**

<b>4.1 1</b>	<p><b>KeyBridge</b>            Nonpriority Creditor's Name  <b>2348 Baton Rouge PO Box 1568 Lima, OH 45802</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <u>Contingent</u></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <u>Collection Attorney Michael R. Jabara MD</u></p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>4073</b></p> <p>When was the debt incurred? <b>2015-</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Michael R. Jabara MD</u></p>	<p><b>\$45.00</b></p>
<b>4.1 2</b>	<p><b>Kohls/Capital One</b>            Nonpriority Creditor's Name  <b>Po Box 3120 Milwaukee, WI 53201</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <u>Charge Account</u></p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>2066</b></p> <p>When was the debt incurred? <b>Opened 12/01/08 Last Active 3/14/14</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u></p>	<p><b>\$2,769.00</b></p>
<b>4.1 3</b>	<p><b>Kohls/Capital One</b>            Nonpriority Creditor's Name  <b>Po Box 3120 Milwaukee, WI 53201</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <u>Charge Account</u></p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>8333</b></p> <p>When was the debt incurred? <b>Opened 5/01/10 Last Active 12/04/15</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u></p>	<p><b>\$967.00</b></p>

Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known)

**16-00740**

<b>4.1 4</b>	<b>Michigan Education Association</b> Nonpriority Creditor's Name <b>1216 Kendale Blvd. East Lansing, MI 48823</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>\$1,888.81</b> <b>When was the debt incurred?</b> <b>2015-</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Union Dues</b>
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<b>4.1 5</b>	<b>Michigan Pathology Specialists</b> Nonpriority Creditor's Name <b>2515 Momentum Place Chicago, IL 60689</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>8247</b> <b>\$11.38</b> <b>When was the debt incurred?</b> <b>2015-</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>
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<b>4.1 6</b>	<b>Money Recovery Nationwide</b> Nonpriority Creditor's Name <b>8155 Executive Court Suite 10 Lansing, MI 48917</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0088</b> <b>\$150.00</b> <b>When was the debt incurred?</b> <b>Opened 7/01/14</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Sparrow Carson Hospital</b>
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Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known)

**16-00740**

<b>4.1 7</b> <p><b>Money Recovery Nationwide</b>            Nonpriority Creditor's Name  <b>8155 Executive Court</b>  <b>Suite 10</b>  <b>Lansing, MI 48917</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>2066</b></p> <p>When was the debt incurred? <b>Opened 1/01/14</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Collection Attorney Sparrow Carson Hospital</b></p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p><b>\$115.00</b></p>
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<b>4.1 8</b> <p><b>Money Recovery Nationwide</b>            Nonpriority Creditor's Name  <b>8155 Executive Court</b>  <b>Suite 10</b>  <b>Lansing, MI 48917</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>4896</b></p> <p>When was the debt incurred? <b>Opened 1/01/15</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Collection Attorney Sparrow Carson Hospital</b></p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p><b>\$45.00</b></p>
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<b>4.1 9</b> <p><b>Money Recovery Nationwide</b>            Nonpriority Creditor's Name  <b>8155 Executive Court</b>  <b>Suite 10</b>  <b>Lansing, MI 48917</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>6275</b></p> <p>When was the debt incurred? <b>Opened 8/01/15</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Collection Attorney Sparrow Carson Hospital</b></p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p><b>\$30.00</b></p>
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Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known)

**16-00740**

<b>4.2 0</b>	<b>Money Recovery Nationwide</b> Nonpriority Creditor's Name <b>8155 Executive Court</b> <b>Suite 10</b> <b>Lansing, MI 48917</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>4730</b> <b>When was the debt incurred?</b> <b>Opened 7/01/15</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <b>Collection Attorney Sparrow Carson Hospital</b> <input checked="" type="checkbox"/> Other. Specify <b>Hospital</b>	<b>\$30.00</b>
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<b>4.2 1</b>	<b>Money Recovery Nationwide</b> Nonpriority Creditor's Name <b>8155 Executive Court</b> <b>Suite 10</b> <b>Lansing, MI 48917</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>8557</b> <b>When was the debt incurred?</b> <b>Opened 4/01/15</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <b>Collection Attorney Sparrow Carson Hospital</b> <input checked="" type="checkbox"/> Other. Specify <b>Hospital</b>	<b>\$30.00</b>
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<b>4.2 2</b>	<b>Money Recovery Nationwide</b> Nonpriority Creditor's Name <b>8155 Executive Court</b> <b>Suite 10</b> <b>Lansing, MI 48917</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>9209</b> <b>When was the debt incurred?</b> <b>Opened 10/01/14</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <b>Collection Attorney Sparrow Carson Hospital</b> <input checked="" type="checkbox"/> Other. Specify <b>Hospital</b>	<b>\$30.00</b>
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Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known)

**16-00740**

**4.2  
3**

<b>Money Recovery Nationwide</b> Nonpriority Creditor's Name <b>8155 Executive Court Suite 10 Lansing, MI 48917</b> Number Street City State Zip Code	Last 4 digits of account number <b>8558</b>	\$30.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>Opened 4/01/15</b>	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Collection Attorney Sparrow Carson Hospital</b>	

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**4.2  
4**

<b>Money Recovery Nationwide</b> Nonpriority Creditor's Name <b>8155 Executive Court Suite 10 Lansing, MI 48917</b> Number Street City State Zip Code	Last 4 digits of account number <b>6479</b>	\$27.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>Opened 12/01/14</b>	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Collection Attorney Sparrow Carson Hospital</b>	

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**4.2  
5**

<b>Monica Tissue-Daws Law Office</b> Nonpriority Creditor's Name <b>322 N. Lincoln Street PO Box 37 Stanton, MI 48888</b> Number Street City State Zip Code	Last 4 digits of account number <b>717</b>	\$921.19
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2015-</b>	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Services</b>	

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Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known)

**16-00740**

<b>4.2 6</b> <b>Orthopaedic Assoc. of Michigan</b> Nonpriority Creditor's Name <b>1111 Leffingwell NE Grand Rapids, MI 49525</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>4955</b> <b>When was the debt incurred?</b> <b>2015-</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$45.00</b>
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<b>4.2 7</b> <b>Pinnacle Recovery Inc.</b> Nonpriority Creditor's Name <b>PO Box 130848 Carlsbad, CA 92013</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>1760</b> <b>When was the debt incurred?</b> <b>2015-</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Bluegreen Corporation</b>	<b>\$1,818.70</b>
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<b>4.2 8</b> <b>Portfolio Recovery</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>2999</b> <b>When was the debt incurred?</b> <b>Opened 11/01/14</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <b>Factoring Company Account Synchrony Bank</b> <input checked="" type="checkbox"/> Other. Specify <b>Lawsuit case number 15-0999 GC</b>	<b>\$6,173.00</b>
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Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known)

**16-00740**

<b>4.2</b> <b>9</b> <b>Portfolio Recovery</b> <small>Nonpriority Creditor's Name</small> <b>Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541</b> <small>Number Street City State Zip Code</small> <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes	<small>Last 4 digits of account number</small> <b>6151</b> <small>When was the debt incurred?</small> <b>Opened 12/01/14</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<b>\$3,104.00</b>
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<b>4.3</b> <b>0</b> <b>Preferred Credit Union</b> <small>Nonpriority Creditor's Name</small> <b>3767 Sparks DR SE Grand Rapids, MI 49546</b> <small>Number Street City State Zip Code</small> <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<small>Last 4 digits of account number</small> <b>5000</b> <small>When was the debt incurred?</small> <b>Opened 7/01/09 Last Active 12/31/15</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<b>\$3,461.00</b>
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<b>4.3</b> <b>1</b> <b>Premier Vacation Collection</b> <small>Nonpriority Creditor's Name</small> <b>Owners Association, Inc. 10600 West Charleston Blvd. Las Vegas, NV 89135</b> <small>Number Street City State Zip Code</small> <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<small>Last 4 digits of account number</small> <b>0650</b> <small>When was the debt incurred?</small> <b>2014-</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<b>\$2,534.65</b>
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Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known)

**16-00740**

<div style="border: 1px solid black; padding: 2px;">4.3 2</div> <p><b>Sallie Mae</b> Nonpriority Creditor's Name</p> <p><b>300 Continental Dr Newark, DE 19713</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>4536</b></p> <p>When was the debt incurred? <b>Opened 1/01/14 Last Active 1/20/16</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>
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**Educational**

<div style="border: 1px solid black; padding: 2px;">4.3 3</div> <p><b>Sparrow Carson Hospital</b> Nonpriority Creditor's Name</p> <p><b>PO Box 475 Saint Johns, MI 48879</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0020</b></p> <p>When was the debt incurred? <b>2015-</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>
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<div style="border: 1px solid black; padding: 2px;">4.3 4</div> <p><b>Spectrum Health United</b> Nonpriority Creditor's Name</p> <p><b>PO Box 2709 Grand Rapids, MI 49501</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0141</b></p> <p>When was the debt incurred? <b>2015</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>
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Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known)

**16-00740**

<b>4.3 5</b>	<p><b>Synchrony Bank/JCP</b> Nonpriority Creditor's Name</p> <p><b>PO Box 960090 Orlando, FL 32896-0090</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>7337</b></p> <p>When was the debt incurred? <b>Opened 7/01/09 Last Active 11/27/12</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$1,172.00</b>
<b>4.3 6</b>	<p><b>Synchrony Bank/JCP</b> Nonpriority Creditor's Name</p> <p><b>PO Box 960090 Orlando, FL 32896-0090</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>7541</b></p> <p>When was the debt incurred? <b>Opened 2/08/15 Last Active 4/04/15</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$479.00</b>
<b>4.3 7</b>	<p><b>USAA Federal Savings Bank</b> Nonpriority Creditor's Name</p> <p><b>10750 McDermott Freeway San Antonio, TX 78288</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>6606</b></p> <p>When was the debt incurred? <b>Opened 2/01/12 Last Active 5/16/14</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$7,585.00</b>

Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known)

**16-00740**

4.3 8	<b>West Michigan Anesthesia</b> Nonpriority Creditor's Name <b>Dept. 5002</b> <b>PO Box 30322</b> <b>Lansing, MI 48909</b> Number Street City State Zip Code	Last 4 digits of account number <b>3814</b>	\$84.00
		When was the debt incurred? <b>2015-</b>	
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address  
**64A District Court**  
**Case Number: 15-0999 GC**  
**101 W Main St.**  
**Ionia, MI 48846**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**64A District Court**  
**Case Number 16-0014 GC**  
**101 West Main Street**  
**Ionia, MI 48846**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number  
  
 Name and Address  
**64A District Court**  
**Case Number: 15-1833 GC**  
**101 W Main St.**  
**Ionia, MI 48846**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Buckles & Buckles, PLC**  
**PO BOX 1150**  
**Birmingham, MI 48012**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**CAC Financial Group**  
**2601 NW Expressway**  
**Suite 1000 East**  
**Oklahoma City, OK 73112**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Client Services Inc.**  
**3451 Harry S. Truman Blvd.**  
**Saint Charles, MO 63301-4047**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known) **16-00740**

**Computer Credit Inc.**  
**PO Box 5238**  
**Winston Salem, NC 27113-5238**

Line **4.34** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**J.C. Christensen & Assoc.**  
**PO Box 519**  
**Sauk Rapids, MN 56379**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Money Recovery Nationwide**  
**8155 Executive Court**  
**Suite 10**  
**Lansing, MI 48917**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Rausch, Strum, Israel, Emerson**  
**& Hornik LLC**  
**30500 Northwestern Hwy.**  
**Suite 500**  
**Farmington, MI 48334**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Sentry Credit, Inc.**  
**PO BOX 12070**  
**Everett, WA 98206-2070**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Transworld Systems Inc.**  
**507 Prudential Road**  
**Horsham, PA 19044**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**United Recovery Systems**  
**Po Box 722929**  
**Houston, TX 77272**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**US Attorney's Office**  
**PO BOX 208**  
**Grand Rapids, MI 49501**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Weber & Olcese PLC**  
**PO Box 1330**  
**Birmingham, MI 48012**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Weber & Olcese PLC**  
**PO Box 1330**  
**Birmingham, MI 48012**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

	Total Claim
6a. Domestic support obligations	6a. \$ <b>0.00</b>

Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known) **16-00740**

<b>Total claims from Part 1</b>	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here.	6b. \$ <b>0.00</b> 6c. \$ <b>0.00</b> 6d. \$ <b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ <b>0.00</b>
<b>Total claims from Part 2</b>	6f. Student loans  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	<b>Total Claim</b> 6f. \$ <b>5,264.00</b>  6g. \$ <b>0.00</b> 6h. \$ <b>0.00</b> 6i. \$ <b>42,544.22</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ <b>47,808.22</b>

Fill in this information to identify your case:

Debtor 1	<b>Derrick Riches</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Kalani Riches</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN		
Case number (if known)	<b>16-00740</b>		

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 <b>Premier Vacation Collection Owners Association, Inc. 10600 West Charleston Blvd. Las Vegas, NV 89135</b>	<b>Vacation Club Membership Debtor to reject this contract</b>

Fill in this information to identify your case:

Debtor 1	<b>Derrick Riches</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Kalani Riches</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN		
Case number (if known)	16-00740		

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number Street

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

3.2

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number Street

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Derrick RICHES</b>
Debtor 2 (Spouse, if filing)	<b>Kalani RICHES</b>
United States Bankruptcy Court for the:	<b>WESTERN DISTRICT OF MICHIGAN</b>
Case number (if known)	<b>16-00740</b>

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Occupation	Tech	
Employer's name	Belding Area Schools	
Employer's address	Hall St. Belding MI	

How long employed there? 5 years

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>3,766.96</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>3,766.96</u>	\$ <u>0.00</u>

Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known)

**16-00740**

Copy line 4 here .....	For Debtor 1	For Debtor 2 or non-filing spouse
	4. \$ <b>3,766.96</b>	\$ <b>0.00</b>
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <b>572.41</b>	\$ <b>0.00</b>
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <b>268.83</b>	\$ <b>0.00</b>
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. <b>Insurance</b>	5e. \$ <b>0.00</b>	\$ <b>0.00</b>
5f. <b>Domestic support obligations</b>	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. <b>Union dues</b>	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. <b>Other deductions.</b> Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>841.24</b>	\$ <b>0.00</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>2,925.72</b>	\$ <b>0.00</b>
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. <b>Interest and dividends</b>	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. <b>Unemployment compensation</b>	8d. \$ <b>0.00</b>	\$ <b>1,568.67</b>
8e. <b>Social Security</b>	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. <b>Pension or retirement income</b>	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. <b>Other monthly income.</b> Specify: _____	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>0.00</b>	\$ <b>1,568.67</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>2,925.72</b>	+ \$ <b>1,568.67</b> = \$ <b>4,494.39</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <b>4,494.39</b>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: <b>Co-Debtor is seeking employment</b>		

Fill in this information to identify your case:

Debtor 1	<b>Derrick Riches</b>
Debtor 2	<b>Kalani Riches</b>
(Spouse, if filing)	
United States Bankruptcy Court for the:	<b>WESTERN DISTRICT OF MICHIGAN</b>
Case number (If known)	<b>16-00740</b>

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes.

Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Do not state the  
dependents names.

Son

17

- No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

Daughter

17

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,062.00**

#### Your expenses

- If not included in line 4:
- 4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues  
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<b>275.00</b>
4b. \$	<b>102.71</b>
4c. \$	<b>100.00</b>
4d. \$	<b>0.00</b>
5. \$	<b>0.00</b>

Debtor 1 **Derrick Riches**  
 Debtor 2 **Kalani Riches**

Case number (if known) **16-00740**

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas	6a. \$ <u>325.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>60.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>198.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>600.00</u>	
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>50.00</u>	
10. <b>Personal care products and services</b>	10. \$ <u>50.00</u>	
11. <b>Medical and dental expenses</b>	11. \$ <u>100.00</u>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>450.00</u>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>100.00</u>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>271.22</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. <b>Installment or lease payments:</b>	17a. \$ <u>0.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ <u>0.00</u>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	19.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. <b>Other:</b> Specify: _____	21. +\$ <u>0.00</u>	
22. <b>Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$ <u>3,743.93</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>3,743.93</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>3,743.93</u>	
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <u>4,494.39</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>3,743.93</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>750.46</u>	
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

**Fill in this information to identify your case:**

Debtor 1	<b>Derrick Riches</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Kalani Riches</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN		
Case number (if known)	<b>16-00740</b>		

Check if this is an amended filing

**Official Form 106Dec****Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.


**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Derrick Riches

**Derrick Riches**  
Signature of Debtor 1

Date March 2, 2016

X /s/ Kalani Riches

**Kalani Riches**  
Signature of Debtor 2

Date March 2, 2016